

Arkansas Department of Human Services Division of Medical Services

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PROPOSED OFFICIAL NOTICE

DMS-2003-E-10

TO: Health Care Provider - Dental

DATE:

SUBJECT: Procedure Code Changes

The following procedure codes have been approved by Arkansas Medicaid to become payable effective for dates of service on and after March 1, 2004. The codes will require prior authorization by the Dental Unit. See Section 230.000 of your dental manual for information regarding the prior authorization process.

D9221-General anesthesia-each 15 minutes

D7960-Frenulectomy (Frenectomy or Frenotomy)-separate procedure

D3221-Gross pulpal debridement, primary and permanent teeth

D5110-Complete denture-maxillary

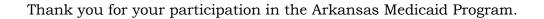
D5120-Complete denture-mandibular

The procedure codes will be added to the dental manual at a later date.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

PROPOSED



Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.